## LOBBYIST ANNUAL REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:	2031, CTD _	o 6	1.1	1: 06
	BBYISTS c.67-6619)	4 €	i i	ı• Ub

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			print clearly) s at bottom of page					**************************************			)		
Lobbyist's name and permanent business address							Date prepared				Period covere	ed	
Steve Quercia 600 East Overland Boise, Idaho 83642									✓ year ending (Mo.) (Day) (Yr.)				
Item 1	Total	s of all reportable	e expenditures made or	incuri	red by	Lobbyis	t or	by Lobbyist's	Emplo	yer on beh	alf of Lobby	ist's Em	ployer.
Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under													
Expense	es Pertaining to	Living and Travel Lobbying Activity	Expenditure	Item 3, at bottom of pag Employer No. 1			Jage				loyer No. 3 Employer No. 4		
	o Not Have to iinment	be Reported		E	трюуе	T NO. I	Employer No. 2 Emp		Emple	yei 140. 3	3 Employer No. 4		
Food a	nd Refresh	ment	\$	\$		_   \$			\$		\$		
Living	Accommo	dations	0.00	ļ		-							
Advert	ising		0.00	<u>TH</u>	WERE	-	NO REPORTABL		EXPENDITURES		MADE OR		
Travel			0.00	INC	ED ON	-	BEHALF (	OF	LOBE	SYIST'S	EM	PLOYER	
Teleph	one		0.00	BY LOBBYIST			-						
Office Expenses			0.00				-					ļ	
Other l	Expenses o	r Services	0.00			-						<del></del>	
		Total	\$0.00	\$		0.00	9	\$	0.00	\$	0.00	\$	0.00
Item	The totals	of each expendi	ture of more than fifty	dollars	(\$50)	for a leg	gisla	tor or other h	older of	public off	ice.		
2	Date	**	Place		Amo	ount		Nan	nes of Le	gislators &	Public Officia	ls in Grou	p
NO EXPENDITURES OVER \$50 RE			REQU	UIRED TO BE REPORTED									
												,	
☐ Cc	ontinued on a	ttached page(s)		<u> </u>									
INSTRUCTIONS						Item 3	Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code					No. 1	Idaho Soft Drink Association c/o Nagel Beverage Company 5465 West Irving Boise, Idaho 83706							
Filing deadline: Annual report is due on January 31st.						וטם	130, IUAHU 03/U	<u> </u>		-	••		
TO BE FILED WITH:  Ben Ysursa						No. 2							
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No. 3							
					No. 4	4							

Item	Expen	ditures	made by the lobb	yist or by the lobbyist's em	ployer	in the nature of contributions of m	noney or o	other tangible or intangible		
4		ate	Amount	ator, or for or on behalf of a	for or on behalf of any legislator.  Name of Legislator Receiving or Benefited					
			N/A – NO	EXPENDITURES	MAD	E OR INCURRED PER ITEM 4	, or benefit			
Item 5	or Hous	e Bill, f	of proposed legislati Resolution or other leas supporting or opposition	on, the number of the Senate egislative activity in which osing.	Code	LEGISLATIVE SUBJECT IDENTIFICATION le Subject Code Subject				
(from	5 the Lobbyi		esolution or Other slative Ident. No.  N/A	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, television, radio, newspaper, power, CATV, gas Other (please specify)		
						Steve Quercia Employer No. 1 signature		Date		
CERTIF	ICATIO	N: I her	reby certify that the a	above is a true, complete and		Braintoyer = 9		Date		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67 6624 Idaho Code.										
$\leq$	1	_		1-2904		mplayer No.		Date		
Ľ <del>obb</del> yist	signatur	е		Date		Employer No. 4 signature		Date		

<sup>\*</sup>The making and enforcement of the laws of the State of Idaho and the Policy underlying same.